



MCSSA OPERATOR TRAINING REIMBURSEMENT APPLICATION

*Funded by the Massachusetts Coalition for Small Systems Assistance
and the Department of Environmental Protection Drinking Water Program.*

This reimbursement is intended for operators of PWS serving less than 3,300 seeking financial assistance for attending drinking water related courses, programs and seminars, including travel expenses and examination fees.

- Funds available are on a first come, first approved basis
- Applications must be submitted within three (3) months after attending an event and they cannot be received later than May 15th, 2006.
- Applications cannot be considered for events prior to July 1st, 2004.
- Funds are limited to one (1) full-day or two (2) half-day classes per person within a 24-month period.
- Travel expenses for the VSS exam cannot be reimbursed.
- Travel reimbursement is \$.27 per mile and cannot exceed \$30.00 within a 24-month period.

Name: _____
Last First Middle
Address: _____ Daytime Phone: _____
_____ Date of Birth: _____

Employment/Certification Information:

Current Employer: _____ Are you certified: Y ☐ No ☐
Supervisor: _____ If yes, indicate type: Grade License Number
Address: _____ Distribution _____
_____ Treatment _____
Telephone: _____ Combined _____
Position/Title: _____ Primary water system served: _____

Provide information on the program the scholarship will apply to:

Name/date of course, training program, or seminar: _____
(attach the program outline and/or registration form)

Organization providing training:

Do you want the Organization providing training to be paid directly? ____ Yes ____ No

(*Exam fees must be reimbursed directly to the individual.)

(*You will need to provide proof of completion for personal reimbursement and payment.)

Please check which applies: I am a small systems operator ☐
I am a potential small systems operator ☐

Costs:

Cost of proposed event: _____ Cost of materials: _____

Cost of exam fee: _____ Travel expenses _____

(Not to exceed \$30.00. Not applicable for VSS exam.)

Total requested amount of scholarship: _____

Signature: _____ Date: _____

**Send to: NEWWA
MCSSA ORT Program
125 Hopping Brook Road
Holliston, MA 01746-1471
Telephone: (508) 893-7979
Fax to: (508) 893-9898**

For Staff Use:
Approved by: _____
Date: _____

Please complete and return to the above address. You will be informed within two (2) weeks of receipt if approved.